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Name: Anna Massiou 09/01/06  
Signature Date

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: Fernandez, et al.

Serial No.: 10/646,682

Filed: 8/22/2003

For: Integrated Biosensor and Simulation System for Diagnosis and Therapy

Attorney Docket No. FERN-P013

Examiner: Miller, Marina I.

Art Unit: 1631

Commissioner of Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Mail Stop Amendment

**AMENDMENT TRANSMITTAL LETTER**

Dear Sir:

1. **TRANSMITTED DOCUMENTS:** the following documents relating to the above-identified patent application are being transmitted herewith.

- X a. An Amendment for this application: 11 pages.  
— b. Substituted Drawings: \_\_\_\_\_ sheets.  
— c. A Petition For Extension of Time For Response under 37 CFR 1.136(a) incorporated herein.  
— d. An Information Disclosure Statement under 37 CFR 1.97(b) X 1.97(c)  
X e. Form PTO/SB/08A with 0 U.S. Patent Document(s).  
X f. Form PTO/SB/08B with 24 reference(s), to supplement the amendment, as per Examiner's instructions.  
X g. A stamped, self-addressed, return postcard.  
X h. A Check (# 1672 ) for \$ 385.00 to cover required fees of this correspondence.

2. **APPLICANT FILING STATUS:**

- a. Applicant is a Large Entity.  
X b. Applicant is a Small Entity.

3. **EXTENSION OF TIME:**

- X a. Applicant petitions for an extension of time under 37 C.F. R. 1.136 for the total number of \_\_\_\_\_ months checked below (fees pursuant to 37 C.F.R. 1.17(a)-(d)).

| <u>Extension of Time</u> | <u>Large Entity Fee</u> | <u>Small Entity Fee</u> |
|--------------------------|-------------------------|-------------------------|
| i. One (1) month .       | — \$ 120.00             | — \$ 60.00              |
| ii. Two (2) month .      | — \$ 450.00             | — \$ 225.00             |
| iii. Three (3) month .   | — \$1,020.00            | — \$ 510.00             |
| iv. Four (4) month .     | — \$ 1,590.00           | — \$ 795.00             |
| v. Five (5) month .      | — \$ 2,160.00           | — \$ 1080.00            |

Extension Time Fee Total: 60.00

- b. Applicant believes that no extension of time is required. However, this conditional petition is being made in case Applicant has inadvertently overlooked the need for a petition for extension of time, the Commissioner is hereby authorized to charge any necessary amount associated with this communication or credit any overpayment to Deposit Account No: 500482.

#### 4. FEE CALCULATION:

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| Fee Items  | Claims Remaining After Amendment | Highest Number of Claims Previously Paid | Present Extra Claims | Fee Rate   | Total     |
|--|----------------------------------|--|----------------------|--|-----------|
| a. Total Claims  | 25                               | - 20 =                                   | 5                    | x \$ 50.00 Large Entity<br>x \$ 25.00 Small Entity | \$ 125.00 |
| b. Independent Claims  | 5                                | - 3 =                                    | 2                    | x \$200.00 Large Entity<br>x \$100.00 Small Entity | \$ 200.00 |
| c. Multiple Dependent Claims Added By This Amendment                             |                                  |  |                      | x 360.00 Large Entity<br>x 180.00 Small Entity     |           |
| d. Extension of Time Fee Total, if any, from above EXTENSION OF TIME section 3a. |                                  |  |                      |  | \$60.00   |
| e. Additional Fees Required With This Correspondence                             |                                  |  |                      |  |           |
| i) 1.17 (p) Fee for Information Disclosure under 1.97(c)                         |                                  |  |                      |  | \$ .00    |
| e. Total Fees  |                                  |  |                      |  | \$ 385.00 |

#### 5. PAYMENT OF FEES

The full fee due in connection with this communication is provided as follows:

\_\_\_\_\_ The Commissioner is hereby authorized to charge the fees associated with this communication or credit any overpayment to **Deposit Account No: 500482**. A duplicate copy of this authorization is enclosed.

X A Check # 1672 for \$ 385.00 for the above specified Total Fee is enclosed. However, should Applicant inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge the necessary additional amount associated with this communication or credit any overpayment to **Deposit Account No: 500482**.

\_\_\_\_\_ Applicant does not believe that any payment of fee is needed in association with this communication. However, should Applicant inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge any necessary amount associated with this communication or credit any overpayment to **Deposit Account No: 500482**.

Please direct all correspondence concerning the above-identified application to the following address:

**CUSTOMER NO: 22877**

**FERNANDEZ & ASSOCIATES, LLP**

**Patent Attorneys**

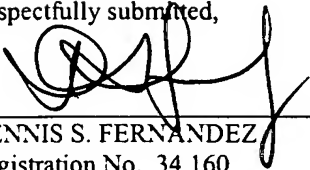
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Respectfully submitted,

  
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9/11/06

Date